



## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).

## THE NURSE IN WHITE

By MARGARET A. MOTSCHMAN, R.N.  
Graduate of the Boston City Hospital

"TELEPHONE Miss A." Yes, it was a call to go on a case, one beautiful day in September. Spick, span, and spotlessly dressed in white, she entered the sick-room, carrying with her not only perfect training as to the best way to care for her patient, but also the fresh cleanliness that the uniform of the trained nurse gives to the weary eyes and jaded nerves of the suffering one.

During the severe illness she never allowed herself the slightest abatement in regard to her uniform; as soon would she have thought of neglecting some duty or little act of attention which would give comfort or healing to her patient. After many weeks, however, the sick one began to gain. Then came the long and tedious convalescence, so trying for patient, family, and nurse. This case was in the country, at the top of a high hill, far away from city conveniences and steam-heated houses. The weather grew colder, and the fast-approaching winter brought strong north winds to send chills throughout the house. Everyone put on warmer clothing and prepared to face a New England winter by getting the stoves in readiness, some with coal, some with the open grate fire which is only exceeded in pleasantness by the open fire-places, but, alas! like all open fires so cheery to look at, apt to warm only one side of the room, or those people who were nearest to it.

Very soon the nurse began not only to feel the cold, but beheld herself struggling hard to keep the white dress clean. Then came the problem of help in the house as well as in the stable. One of the men left, his place could not be filled immediately, so the women folks were left to do "their own shifting" in the house, as farm language goes, for the other men were needed for outside work. Fires must be tended or they would go out, and they seem to need almost constant attention—a hod of coal here, a log of wood there, and all were comfortable, but, alas! the white dress refused to stay spotless; something must be done.

Common-sense came to the rescue. Off came the uniform, and a dark skirt with a blue and white shirtwaist took its place. The patient, now on the road to recovery, enjoyed the change, with the remark, "Now I shall get well faster, as it does not remind me so much of being sick." The nurse could do her work more easily, knowing the sacrifice of her uniform was appreciated by both family and patient. The case lasted three months, but it might have been longer before the patient could

have spared her nurse had the nurse not been so dressed that she could lend a helping hand when needed during convalescence. As it was, all were made comfortable in this country house, the nurse not only enjoying her stay, but finding both rest and health in the bracing air of the New Hampshire hills, leaving many friends behind her and receiving the gratitude of patient and family when the case ended with the full recovery of the sick one.

A word more. We nurses love our uniform and are proud of it, but there are times when it should come off, and wise is the nurse who knows when that time comes.

---

## A SMALL-POX EXPERIENCE IN CALIFORNIA

By ELLEN LEE

Graduate of the New York Hospital Training School

WHEN Dr. D. called me up by telephone, giving me the opportunity of taking charge of the isolation cottages through the epidemic of small-pox running in the city of S. during the fall and winter of 1908-09, my first thought was that I could not, but when reminded what it would mean in shillings and pence, the greed for filthy lucre overcame me, and I consented. My motives were mixed, as only truly great people are single-motived.

The hospital where I had this experience is a county institution in California, and is in many ways an ideal place. Dr. D. has been there about ten years, and has developed and improved the place until there are now separate surgical and medical pavilions, a tuberculosis pavilion entirely by itself, a simple operating room after the Mayo plan, and last but not least, two cottages for isolating purposes. These stand at one side of the grounds which surround the rest of the buildings. Each cottage has a strong, low fence encircling its plot of ground, and patients are not allowed outside this. Usually one cottage is kept for scarlet fever, diphtheria, etc., but at this time we needed both cottages for small-pox.

One of the pictures shows the cottages. They were simple but delightfully workable. Each room opened on a porch running the entire length of the cottage. Each room had two windows and the outside door, insuring good ventilation. The floors and walls were painted drab. The furniture included an iron bed, two chairs, and a bed-